

## Fixed Term Travel Employee Disclosure Certification Form

Agency Name: \_\_\_\_\_

Reporting Year: **2008** \_\_\_\_\_

I hereby certify that, to the best of my knowledge and belief, that the Fixed Term Travel Employee Disclosure information previously filed with the Division of Health Care Finance and Policy for 2008.

is true, accurate, and complete, and prepared in accordance with applicable instructions and regulations. Further, the information contained in this submission is prepared from the books and records of this agency, except where otherwise noted.

This certification is signed under pains and penalties of perjury.

Signature of Owner, Officer, or  
Partner \_\_\_\_\_

Print Name and  
Title \_\_\_\_\_

Date \_\_\_\_\_

Mail or hand-deliver to:  
Division of Health Care Finance and Policy  
ATTN: Peg O'Brien, Intake Manager  
2 Boylston Street  
Boston, MA 02116